



Pregnant Women Application

| | | | | | |
|--|-------------------|-----------------------|--|-----------------|---------------------|
| Last Name | First Name | Middle Initial | Birth Date 331,332,333 | Due Date | Today's Date |
| Social Security Number | | | Is this person Hispanic or Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Select at least one of the following: | | | | | |
| <input type="checkbox"/> American Indian/Alaska Native | | | <input type="checkbox"/> Asian <input type="checkbox"/> White | | |
| <input type="checkbox"/> Black/African American | | | <input type="checkbox"/> Native Hawaiian/Pacific Islander | | |

WIC helps families with healthy food and nutrition choices.

How is your pregnancy going? Please, tell us if you have any concerns.

1. Please, tell us if you see a doctor, dietitian or health care provider for medical or emotional reason(s), ex: fetal growth restriction, hypertension, pre-hypertension, gestational diabetes, diabetes, anemia or gastrointestinal disorders **201, 211, 302, 336, 341-349, 351-362**
Describe: _____
2. If you were in the hospital in the last 3 months, please, tell us why. **359**

3. Have you been screened or referred for lead poisoning?
☐ No ☐ Yes **211**
4. Write the date of your last dental check-up _____ **381**
5. Tell us if you have any problems eating any type of food for any reason such as dental problems, food intolerances, food allergies or others. **353-355, 381**
Describe: _____
6. List any medication, vitamin, pre-natal vitamins, mineral or herbal supplement you are taking. **357, 427.01**

If not daily, how often? _____ **427.04**

7. Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ No ☐ Yes **904**
8. Does your family stay in a shelter, a temporary home, or in a place not usually used for sleeping?
☐ No ☐ Yes **801**
9. Do you have a refrigerator, a stove that works and storage free from pests and harmful chemicals?
☐ No ☐ Yes **801**
10. Did a family member have a seasonal farming job with a temporary home in the last 24 months?
☐ No ☐ Yes **802**
11. Are you in a relationship with anyone who pushes, hits or threatens you in any way? ☐ No ☐ Yes **901**
12. What problems, if any, do you have caring for yourself or your baby/children? **902**
Describe: _____
13. Circle the type of milk you would like on your WIC checks or in your food box:

| | | |
|--------------|----------------------------|-------------------|
| Fresh | Fluid (UHT) | Evaporated |
| Soy | Lactose Reduced 355 | Dry |
14. What concerns, if any, do you have about having enough food to feed your family?
Comment: _____
15. **How do you plan to feed your baby?**

| | |
|-------------------------------------|---|
| <input type="checkbox"/> Breastmilk | <input type="checkbox"/> Breastmilk/Formula |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Unsure |

Have you breastfed before? ☐ No ☐ Yes

Are you breastfeeding another child? ☐ No ☐ Yes **338**
16. On a scale of 0 to 10, how ready do you feel about breastfeeding your baby? (Circle a number)
Not Ready 0 1 2 3 4 5 6 7 8 9 10 Ready

To Be Completed by Health Care Provider (HCP)

Medical date _____ Ht _____ Pre-Pregnancy Wt _____ (101, 111) Current Wt _____ (131, 132, 133) Hgb /Hct _____ (201)
Name of HCP verifying applicant lives in Alaska _____ **ID Verified by:** Visual Recognition ____/Other _____ WIC
Name of CPA reviewing WIC application _____ Certification Date _____



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If yes, how many days a week? _____

17. On a scale of 0 to 10, how well do think you are eating?
(Circle a number)

Not Well 0 1 2 3 4 5 6 7 8 9 10 Very Well

I usually eat ____ meals /day and ____ snacks/day.

I usually eat fruits/vegetables: ☐ 1 cup/day or less

☐ 2 cups/day

☐ 3 cups/day or more

18. Check the box and circle the foods you eat. 427.05

☐ Raw or undercooked meat, poultry, fish, eggs

☐ Foods with raw or undercooked eggs, like salad dressings, cookie and cake batters, sauces

☐ Unheated hot dogs, luncheon meats, fermented and dry sausage, unheated deli-style meat or poultry

☐ Refrigerated Smoked Seafood (unless it is cooked)

☐ Soft cheeses made with un-pasteurized milk:
Feta, Mexican style (queso blanco fresco), Brie, Blue

☐ Raw sprouts (alfalfa, clover and radish)

☐ Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk

19. Circle if you crave or eat:

| | | |
|--|---------------------------------|------------|
| Ashes | Baking Soda | Dust |
| Carpet Fibers | Chalk | Cigarettes |
| Clay | Starch (laundry or corn starch) | Soil |
| Paint Chips | Burnt Matches | |
| Large quantities of ice and/or freezer frost | | |

427.03

20. Do you fast, binge, vomit to control your weight or to follow a specific diet? ☐ No ☐ Yes 358/427.02

Describe _____

21. Do you smoke cigarettes, pipes or cigars? ☐ No ☐ Yes 371

If yes, how much a day _____

22. Did you smoke cigarettes, pipes, cigars at any point during this pregnancy? ☐ No ☐ Yes 371

23. Do you use smokeless, chewing tobacco or iqmik? ☐ No ☐ Yes

If yes, how many times per day? _____

24. Do you drink wine, beer or other alcoholic beverages during this pregnancy? ☐ No ☐ Yes 372

If yes, how many drinks a day? _____

25. Check any drugs you are using during this pregnancy

372

☐ Marijuana ☐ Methadone ☐ Cocaine

☐ Crank ☐ Crack Methamphetamine ☐ Speed

☐ Heroin ☐ Other ☐ None ☐ Stopped Using

If stopped using, when was the last time you used?

26. The date I started seeing a doctor for this pregnancy was: _____ 334, 503

☐ I have not started seeing a doctor for this pregnancy.

27. When was your last pregnancy? _____ 332

28. How many babies are you expecting? _____ 335

29. How many times have you been pregnant? (do not count this pregnancy) _____ times

How old are your children? ____ _ 333

30. Check any problems you had with any of your pregnancies:

☐ Never pregnant before/ or didn't have problems

☐ Baby born 3 or more weeks early 311

☐ Baby, less than 5 pounds 9 oz. at birth 312

☐ Miscarried – how many _____ 321

☐ Baby, 9 pounds or more at birth 337

☐ Stillbirth – how many _____ 321

☐ Genetic or birth defects 339

☐ Abortions – how many _____

☐ Baby died before 1 month old 321

☐ C-Section 359

☐ History of Gestational Diabetes 303

☐ History of Preeclampsia 304

31. Check if you are having any of the following problems with this pregnancy:

☐ Nausea ☐ Vomiting 301

☐ Constipation ☐ Heartburn 342

32. How often do you feel down, depressed or hopeless? 361

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

33. What does your family do for fun? _____

34. How can WIC help your family today?

